8582

08587
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 10 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 365 W. Main

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) EDWARD (Last) Ash
4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 1955
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: 1-14-1927
9. AGE Last birthday: 28 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Operator
10b. KIND OF BUSINESS OR INDUSTRY Auto Factory
11. BIRTHPLACE (State or foreign country): Elkton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Steven Ash.
14. MOTHER'S MAIDEN NAME: Nancy Dorsey.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: 217-22-4638
17. INFORMANT & ADDRESS: Steven Ash, 363 W. Main Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Compound Fracture Rt skull. DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Depressed Fracture Lower Jaw. DUE TO (c) & Lacerations
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF INJURY (Street, office bldg., etc.) Route 40
21c. (City or town) Elkton RD (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 9 (Day) 3 (Year) 1955 (Hour) 6 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto hit back of truck.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE R L Dochron M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Sept 7 1955 | NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery | LOCATION (City, town, or county) Cherry Hill (State) Md
DATE REC'D BY LOCAL REG. Sept 4 | REGISTRAR'S SIGNATURE J B Frazer
24. FUNERAL DIRECTOR Pippin Funeral Home | ADDRESS Elkton, Md

Dr D.

El. 2. Brown

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8583

CERTIFICATE OF DEATH

08588

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 Elkton
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City X
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (First) Elizabeth (Middle) Sarah (Last) Brown

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 21, 1883

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Hood

14. MOTHER'S MAIDEN NAME: Emma-?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT & ADDRESS: Melvin L. Watts-Chesapeake City, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1
IMMEDIATE CAUSE (A) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) — — —
DUE TO (C) — —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0 —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9 Sept, 1955 to 18 Sept, 1955, that I last saw the deceased alive on 17 Sept, 1955, and that death occurred at 12.55 A.M., from the causes and on the date stated above.

SIGNATURE Klaus H Hansen M. D. ADDRESS No. 46 E. 4th, Md DATE SIGNED 18 Sept '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/21/55 | NAME OF CEMETERY OR CREMATORY Ebenezer Cem. | LOCATION (City, town, or county) (State) Bohemia Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 19 | REGISTRAR'S SIGNATURE H Brazier | 24. FUNERAL DIRECTOR Edw K Bell ADDRESS Welsh, Dela.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08589

8584

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elton
LENGTH OF STAY (in this place) 16 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EVA (Middle) W (Last) CAHALL

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 18 1897

9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ira Wyatt

14. MOTHER'S MAIDEN NAME: Joanna Donaghan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: William Cahall Cecilton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Thrombosis — 2 days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to Sept 9, 1955, that I last saw the deceased alive on Sept 9, 1955, and that death occurred at 11:20 PM, from the causes and on the date stated above.

SIGNATURE Allan R. Cruchley M. D. ADDRESS Middletown Del DATE SIGNED 9-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Sept 12 1955

NAME OF CEMETERY OR CREMATORY Templeville Cem.

LOCATION (City, town, or county) Templeville (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept 12

REGISTRAR'S SIGNATURE H B Frazer

24. FUNERAL DIRECTOR Edward Pellour ADDRESS Millington Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8585

CERTIFICATE OF DEATH

08590
Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 21

3. NAME OF DECEASED: (Type or Print) (First) EVELYN (Middle) D. (Last) CLARK

4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1955

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Aug 14, 1904

9. AGE last birthday: 51 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Dessel

14. MOTHER'S MAIDEN NAME: Mary C. Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Rene Clark 210 E. Main St, Elkton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
IMMEDIATE CAUSE (A) METASTATIC CARCINOMA OF BREAST — INTERVAL BETWEEN ONSET AND DEATH: 2 YEARS

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO CARCINOMA OF BREAST — 2 years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955 to Sept. 12, 1955, that I last saw the deceased alive on Sept 11, 1955, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE Ben Davis M. D. ADDRESS Chesapeake City, Md DATE SIGNED 9/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Sept 15, 1955 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county) (State): Nr. Chesapeake City, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept 13 — REGISTRAR'S SIGNATURE: F R Frazier

24. FUNERAL DIRECTOR: Peppin Funeral Home — ADDRESS: Elkton, Md

O.K.S.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8586

CERTIFICATE OF DEATH

08591

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Caddie (Middle) Burris (Last) Clayton

4. DATE OF DEATH: (Month) September (Day) 4 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11/4/1872

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mathew Rash

14. MOTHER'S MAIDEN NAME: Mary Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. E. Nelson Cooling Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Senility — Burial

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1955 to Sept 5, 1955, that I last saw the deceased alive on Sept 5, 1955, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanton Thom M.D. Chesapeake Md 9/7/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 9-7-55 | NAME OF CEMETERY OR CREMATORY: St Georges Cemetery | LOCATION (City, town, or county) R.D. St. Georges (State) Del

DATE REC'D BY LOCAL REG. Sept 7 | REGISTRAR'S SIGNATURE H Frazier | 24. FUNERAL DIRECTOR: Pippin Funeral Home ADDRESS: Elkton, Md.

Per W. A. Lumsby

8595

08592 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Calvert
LENGTH OF STAY (In this place) 2 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bayhead Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS Fairhill (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) PATRICK (Last) COCORAN

4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 1955

5. SEX: M. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single 8. DATE OF BIRTH: 5-7-68 9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Penna. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Corcoran 14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: none 17. INFORMANT & ADDRESS: John J. Corcoran Elkton RD md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Acute Coronary Occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 9-20-1955 NAME OF CEMETERY OR CREMATORY Catholic LOCATION (City, town, or county) (State) Elkton, Cecil Co Md

DATE REC'D BY LOCAL REG. Sept 14 REGISTRAR'S SIGNATURE L. M. Worthington 24. FUNERAL DIRECTOR AND ADDRESS Joseph R. Grant North East Md

8597

08593
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Water St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ALVIN (Middle) R (Last) DOWNHAM
4. DATE OF DEATH (Month) 9 (Day) 23 (Year) 1955
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 8-5-1900
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Tan Yard
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry Downham
14. MOTHER'S MAIDEN NAME: Laura Loyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: 219-07-1398
17. INFORMANT & ADDRESS: Mrs Brooks Allen, Elkmills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
4201
Immediate cause (a) Acute Coronary Occlusion DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-24-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/26/55	Cherry Hill Cemetery	Cherry Hill Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 26	F. R. Fraguer	Griffin Funeral Home	Elkton Md

Dec W. C. Gourley

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8587

CERTIFICATE OF DEATH

Reg. Dist. No. 08594 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 2½ mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New York
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Dalton (Middle) A. (Last) DWYER

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single | 8. DATE OF BIRTH: Oct 24, 1898 | 9. AGE last birthday: 56 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): lawyer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Albany, N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin J. Dwyer
14. MOTHER'S MAIDEN NAME: Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Martin Dwyer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Uremia Hemorrhage	3 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Carcinoma of Colon with	1 year
	(C) DUE TO Metastasis	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 1955, to Sept 17, 1955, that I last saw the deceased alive on Sept 17, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.
SIGNATURE Harry V. Toms M. D. ADDRESS Chesapeake City Md. DATE SIGNED 9/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/21/55 | NAME OF CEMETERY OR CREMATORY Gate of Heaven | LOCATION (City, town, or county) New York, N.Y. (State) Kent Co.

DATE REC'D BY LOCAL REGISTRAR Sept 17 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR Pyppin Funeral Home ADDRESS Elkton Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08595

8598

CERTIFICATE OF DEATH

Reg. Dist. No. .. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora, Rural
LENGTH OF STAY (in this place) 1 Yr. 6 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Page
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luray
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Georgia (Middle) Hulings (Last) Edwards

4. DATE OF DEATH: (Month) Sept. (Day) 28, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: 12-27-1867 | 9. AGE last birthday: 87 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. Hulings | 14. MOTHER'S MAIDEN NAME: Elizabeth Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Mrs Harvey R. Buck, Port Deposit, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.2 DUE TO Myocard. fib

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility DUE TO

(c)

Interval Between Onset And Death: 1 yr

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Sept 28, 1955, that I last saw the deceased alive on Sept 25, 1955, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Bel Air Hosp. & Cecil Nat DATE SIGNED 9-29-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-1-1955 | NAME OF CEMETERY OR CREMATORY Parsons City Cemetery | LOCATION (City, town, or county) (State) Parsons, West Va.

DATE REC'D BY LOCAL REGISTRAR 9-29-55 | REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Leva Patterson & Son ADDRESS Perryville, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08596

8588

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH
COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND Delaware COUNTY Cecil Newcastle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~RFD~~ STATION Newark
STREET ADDRESS (If rural, give location) ELKTON, MD. RFD P.O. Box 17

3. NAME OF DECEASED (Type or Print) (First) BABY GIRL (Middle) (Last) ELSWICK

4. DATE OF DEATH (Month) SEPT. (Day) 10 (Year) 1955

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH SEPT. 10, 1955

9. AGE last birthday ____ yrs. If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours 12 Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME JOHN ELSWICK

14. MOTHER'S MAIDEN NAME BETTY F. GOODS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS BLANCHE HARVEY BOX 173 NEWARK, DEL.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X Immediate cause (a) Prematurity

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 5½ mos pregnancy - Wt 2lbs 2oz

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED White at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifton R. Brooks, M.D. ADDRESS Newark, Del. DATE SIGNED 9/12/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE SEPT. 13, 1955 — NAME OF CEMETERY OR CREMATORY NEWARK CEM. — LOCATION (City, town, or county) NEWARK (State) DEL.

DATE REC'D BY LOCAL REG. Sept 12 — REGISTRAR'S SIGNATURE H Fraser

24. FUNERAL DIRECTOR R.T. Jones — ADDRESS Newark, Del.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08597

8599

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 2 mo. 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harrisburg 7 X.
STREET ADDRESS (If rural give location) 2027 No. 5th

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E. (Last) GEIGER
4. DATE OF DEATH (Month) (Day) (Year) September 22 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 9-29-1889
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Tech-nician
10B. KIND OF BUSINESS OR INDUSTRY: Naval Supply Depot
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: V.A. Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pneumonia, lobar, left lower lobe,	3 to 5 days
ANTECEDENT CAUSE (B) DUE TO	unresolved	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	Coronary sclerosis, severe	unknown
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	Arteriosclerosis, generalized, severe	unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 7-1 , 1955, to 9-22 , 1955, ~~that I last saw the deceased~~ alive on ~~XXXXXXXXXXXXXXXXXXXXXXXX~~, and that death occurred at 10:15 A M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M. D. ADDRESS V.A. Hospital, Perry Point Md. DATE SIGNED 9-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 9-23-55
NAME OF CEMETERY OR CREMATORY Rolling Green
LOCATION (City, town, or county) (State) Harrisburg, Pa.

DATE REC'D BY LOCAL REGISTRAR 9-23-55
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS Havre de Grace, Md.

86 '0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08598

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore EVC 1-4
STREET ADDRESS (If rural give location) 1740 E. Baltimore Street

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) L. (Last) GOODE

4. DATE OF DEATH (Month) (Day) (Year) September 6 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH 12-11-1876 | 9. AGE last birthday 78 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist-Ret.
10B. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Silas Goode - Deceased
14. MOTHER'S MAIDEN NAME: Nancy Short

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes / (If Yes, give war, or dates of service) Spanish
16. SOCIAL SECURITY NO. 234 22 5132
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION — American

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
43.1 IMMEDIATE CAUSE	(A) Pulmonary congestion & edema, right	2 days
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary arteriosclerosis, severe	unknown
	DUE TO (C) Cardiac hypertrophy and fibrosis, severe	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis, generalized, severe	unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1955, to 9-6, 1955, [illegible] and that death occurred at 4:45A M, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 9-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 9-6-55 | NAME OF CEMETERY OR CREMATORY Gilpin Manor Memorial | LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REGISTRAR 9-7-55 | REGISTRAR'S SIGNATURE Irene E. Daugherty | 24. FUNERAL DIRECTOR ADDRESS Pennington & Son, Havre de Grace, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8589

08599
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 15 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Chester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location) 428 Hodgson.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	Rose	Grason	9	14	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M.	White	Married	5-18-1894	61 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Security Guard	P.R.R.	Sylmar. Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Geo. W Grason	Rachel Irwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	INFORMANT'S ADDRESS
no		Rachel Grason 428 Hodgson St Oxford Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fractured Rt side of skull, Crushed — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chest Rt side Lacerated Rt side

DUE TO

(c) of neck & left ankle. Rt upper Arm.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) Route 40.	21c. (City or town) North East	(County) Cecil	(State) Md.

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While in Not while at work	21f. HOW DID INJURY OCCUR?
9	14	55	6:30 A.M.	On Bay to work	Sit by truck at Red light

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Woodrow M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-14-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 17 1955	Oxford Cemetary	Oxford Chester Co	Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 15	A Brazier	Ralph M Reed	Rising Sun, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8611

CERTIFICATE OF DEATH

08600

Reg. Dist. No. 9x

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X North East Rural — LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural North East X
STREET ADDRESS (If rural give location) - /

3. NAME OF DECEASED (Type or Print): (First) Chester (Middle) - (Last) Gregg
4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1955 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 9, 1881
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: no information
14. MOTHER'S MAIDEN NAME: Mary Jane Gregg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-32-2086
17. INFORMANT: Mamie R. Gregg — North East Rd 2 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Sclerosis — 4 years
(c) Arteriosclerosis Generalized — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29/55, to 10/1/55, that I last saw the deceased alive on 9/29/55, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 2, 1955	Moore's Chapel	Elkton Rd. Cecil Co., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 4	H. Brazier	Joseph R. Grant	North East Maryland

86-2

08601
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cherry Hill
LENGTH OF STAY (In this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.J. COUNTY Burlington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverton
STREET ADDRESS 425 Thomas Ave (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARIAN (Middle) E (Last) GREEN
4. DATE OF DEATH (Month) 9 (Day) 1 (Year) 1955
5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 4-23-1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Middletown Del
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Abbie Clever
14. MOTHER'S MAIDEN NAME: Martha Burgess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Miriam Powell, Cherry Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Acute Coronary Occlusion — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE R. le Doctor
M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept 6, 55
NAME OF CEMETERY OR CREMATORY Burlington Cemt
LOCATION (City, town, or county) Upper Dublin (State) Pa
DATE REC'D BY LOCAL REG. Sept 1
REGISTRAR'S SIGNATURE J R Bragunier
24. FUNERAL DIRECTOR Upper Funeral Home
ADDRESS Edgewood Pa

VS. A15A - 5 - 5

86 '3

08602 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Charleston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) DONALD (Middle) FRANKLIN (Last) HANCOCK
4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 1955

5. SEX: M **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Single **8. DATE OF BIRTH:** Aug 11, 1934 **9. AGE** last birthday: 21 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mechanic **10b. KIND OF BUSINESS OR INDUSTRY:** Motors assy **11. BIRTHPLACE** (State or foreign country): Charleston W. Va. **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: Albert Henry Hancock
14. MOTHER'S MAIDEN NAME: Earnett Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Navy
16. SOCIAL SECURITY NO.: 236-50-2675
17. INFORMANT & ADDRESS: Mrs. Stephen Ash - Elkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) 814X Fractured neck Crushed left side

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO Clust. Compound Fracture of Rt
(c) DUE TO Femur Fracture of left femur. Multiple Lac. Abrs & Lacerations.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) Route #40 **21c.** (City or town) Elkton MD. (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 9 (Day) 3 (Year) 1955 (Hour) 5 P.M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?** Pas. when car hit back of truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R LeDoctor M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Remort. **DATE THEREOF** Sept 4/55 **NAME OF CEMETERY OR CREMATORY** **LOCATION** (City, town, or county) Charleston W. Va (State)

DATE REC'D BY LOCAL REG. Sept 4 **REGISTRAR'S SIGNATURE** H R Frazier
24. FUNERAL DIRECTOR Department Home J H Hopp **ADDRESS** Elkton Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 86^4 08603

CERTIFICATE OF DEATH

Reg. Dist. No. .. ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rising Sun Rural
LENGTH OF STAY (in this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) J.(only) (Middle) Willis (Last) Hathaway

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 9, 1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper

10B. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Canandaigua, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Edward Hathaway

14. MOTHER'S MAIDEN NAME: Isabelle VanGelden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No 2

16. SOCIAL SECURITY NO. 218-32-2687

17. INFORMANT & ADDRESS: Mrs. J. W. Hathaway Rising Sun, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	2 hrs.
ANTECEDENT CAUSE (S) DUE TO	(B) Arteriosclerosis	5 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Chronic Myocarditis	6 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ✓

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION ✓ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ✓ 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ✓ 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1955, to Sept 1, 1955, that I last saw the deceased alive on Sept 1, 1955 and that death occurred at 6 A M, from the causes and on the date stated above.

SIGNATURE A. Sturgeon M. D. ADDRESS Darlington Md DATE SIGNED Sept 2-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept. 4, 1955 | NAME OF CEMETERY OR CREMATORY Brookview Cem. | LOCATION (City, town, or county) (State) Near Rising Sun Md.

DATE REC'D BY LOCAL REGISTRAR Sept 3-55 | REGISTRAR'S SIGNATURE L. M. Worthington

24. FUNERAL DIRECTOR J. E. Dyson ADDRESS Rising Sun. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08604

86 55

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY CECIL
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ELKTON
   MARYLAND
   LENGTH OF STAY (in this place) 3 YRS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS JD

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE MARYLAND COUNTY CECIL
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X
   STREET ADDRESS (If rural give location) ELKTON RD # 4 1

3. NAME OF DECEASED: (Type or Print) (First) DELILIAH (Middle) (Last) HOLLAND

4. DATE OF DEATH: (Month) SEPT. (Day) 28 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 13, 1870

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEWIS REATH

14. MOTHER'S MAIDEN NAME: MARY LAMB

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: NELSON HOLLAND ELKTON, Md RFD # 4

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.2 (a) Chronic Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility

DUE TO

(c)

Interval Between Onset And Death: 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June ..., 1955, to Sept 28, 1955, that I last saw the deceased alive on Sept 26, 1955, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE Paul J. Kennedy (Degree or title) MD ADDRESS Elkton Md DATE SIGNED 9/29/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF OCT. 1, 1955 NAME OF CEMETERY OR CREMATORY SHARPS CEM. LOCATION (City, town, or county) FAIR HILL (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept 29 REGISTRAR'S SIGNATURE H H Brazier

24. FUNERAL DIRECTOR R.T. Jones ADDRESS Newark, Del

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08605

CERTIFICATE OF DEATH

86 6 Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland
LENGTH OF STAY (In this place) 7Yrs,8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1016 Sumter Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) T. (Last) Johnson
4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5-12-95	60 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Johnson
14. MOTHER'S MAIDEN NAME: Maggie Hoffstetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT & ADDRESS
Yes	WW-I	213-03- 1855	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
002X IMMEDIATE CAUSE	(A) Pneumonia, Bronchial, Bilateral, unresolved.	3 Days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Tuberculosis, moderately advanced, active.	Unknown
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized.		Unknown

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐
—		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 1/13/ , 1948, to 9/10/ , 19..55 that I last saw deceased alive on [illegible], and that death occurred at 11:30 M, from the causes and on the date stated above.

SIGNATURE [illegible] P ADDRESS

W. M. Harris, MD, Acting Chief, Prof. Services — DATE SIGNED 9/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	9/10/55	Zion Lutheran Cem.	Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/11/55	Irene E. Haughorty	Lassahn Funeral Home 7401 Bel Air Road Baltimore, Md.

Lassahn funeral home

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08606

8590

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (In this place) 70 yrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Locust Lane. Elkton. Md. STREET ADDRESS (If rural, give location) Locust Lane

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) Jean (Last) Leffler

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb 5 1879

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Cecil Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John B. Jean

14. MOTHER'S MAIDEN NAME: Mary Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Osborne Reynolds Phenox, Ariz.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 25 , to 9/11 , 19 55 , that I last saw the deceased alive on 9/11 , 19 55 , and that death occurred at 405 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert Bates, M.D. ADDRESS Elkton Md DATE SIGNED 9/11/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 13. 55 — NAME OF CEMETERY OR CREMATORY: Elkton Cemt. — LOCATION (City, town, or county) (State): Elkton Md.

DATE REC'D BY LOCAL REG.: Sept 13 — REGISTRAR'S SIGNATURE: H. Frazer

24. FUNERAL DIRECTOR: Pippin Funeral Home — ADDRESS: Elkton Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08607

8591

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) RFD #3.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) D. (Last) Lowry

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1955.

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 17 1895

9. AGE last birthday 60 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Weaver

10B. KIND OF BUSINESS OR INDUSTRY: Weaver at Baltimore Co.

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lowry

14. MOTHER'S MAIDEN NAME: Bessie Goff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-03-8762

17. INFORMANT & ADDRESS: Anna Dempsey Lowry Elkton RD3 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 IMMEDIATE CAUSE	(A) Massive myocardial infarction	24 hours.
ANTECEDENT CAUSE (S) DUE TO	(B) Coronary artery Thrombosis	24 hours.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X DUE TO	(C) Arteriosclerotic, Hypertensive heart disease	3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20 , 1955, to 9-21 , 1955, that I last saw the deceased alive on 9-21 , 1955, and that death occurred at 1:5m A M, from the causes and on the date stated above.

SIGNATURE Peter Hamis M. D. ADDRESS Elkton Md. DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept 24, 1955 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) (State) Cherry Hill Cecil Co Md

DATE REC'D BY LOCAL REGISTRAR Sept 22 | REGISTRAR'S SIGNATURE J H Frazier | 24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08608

867

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 18yrs.5mo.1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY 7
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pittsburgh, S. Hills P.O.
STREET ADDRESS (If rural give location) 552 Crestling Drive ✓

3. NAME OF DECEASED. (Type or Print) (First) LOUIS (Middle) NMI (Last) MC ABEE

4. DATE OF DEATH (Month) (Day) (Year) September 10 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 6-14-98
9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Agent
10B. KIND OF BUSINESS OR INDUSTRY: Western Maryland Railroad
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0 2X

IMMEDIATE CAUSE (A) Pneumonia, lobar, bilateral, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 36 to 72 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic heart disease — unknown

DUE TO

(C) Tuberculosis, pulmonary, bilateral, inactive — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from 4-9, 1937, to 9-10, 1955, and that death occurred at 3:00 PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services, M. D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 9-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 9-14-55
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9/22/55
REGISTRAR'S SIGNATURE John M. Daugherty
24. FUNERAL DIRECTOR ADDRESS Pennington & Son, Havre de Grace, Md.

8608

08609
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
No. 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS D.O.A Union Hospital Elkton Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ignatius (Middle) (Last) Ortynsky

4. DATE OF DEATH: (Month) 9 (Day) 20 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 8-10-1918

9. AGE last birthday: 37 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Ortynsky.

14. MOTHER'S MAIDEN NAME: Mary Chicocky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 218-32-4790

17. INFORMANT'S ADDRESS: Louis Ortynsky, Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260 X

Immediate cause (a) Acute Coronary Occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Diabetes DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE P. L. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept 24, 1955
NAME OF CEMETERY OR CREMATORY St. Roses Cemetery
LOCATION (City, town, or county) (State) Chesapeake City Md.

DATE REC'D BY LOCAL REG. Sept 24 1955
REGISTRAR'S SIGNATURE Ina Gallett A. Reg.
24. FUNERAL DIRECTOR Pepper Funeral Home By D.P.P.
ADDRESS Elkton, Md.

VS. A15A - 5 - 53

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08610

8592

CERTIFICATE OF DEATH

Reg. Dist. No. 9-2

1. PLACE OF DEATH.
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) do / /

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Penn

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 18, 1885

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Phila. Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Information

14. MOTHER'S MAIDEN NAME: No Information.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.1

IMMEDIATE CAUSE (A) Gangrene Terminal ileum — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Obstructive Adhesions. ?

(C) DUE TO Old ruptured Appendix ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9/9/55

19B. MAJOR FINDINGS OF OPERATION: Gangrene ileum from obstruction

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1955, to 9/10, 1955, that I last saw the deceased alive on 9/9, 19 55, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

SIGNATURE John A. Finder M. D. ADDRESS Elkton, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF Sept 10, 1955 — NAME OF CEMETERY OR CREMATORY Anatomical Board — LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR Sept 12 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR Peppers Funeral Home — ADDRESS Elkton Md

86-9

08611
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Perry Point
LENGTH OF STAY (in this place): 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Elkton X
STREET ADDRESS (If rural, give location): Rt. #3

3. NAME OF DECEASED: (Type or Print) (First) EDDIE (Middle) C. (Last) PETTY

4. DATE OF DEATH (Month) (Day) (Year): September 26 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Negro	Married	5-11-12	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Kitchen Helper	V.A.Hospital	Virginia	USA

13. FATHER'S NAME: Gee Petty

14. MOTHER'S MAIDEN NAME: Lou Barksdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW II	unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
434.3 Immediate cause	(a) Hemorrhage, subarachnoid, base of brain	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Edema and congestion of the lungs, bilateral	
DUE TO		
	(c) Cardiac Hypertrophy	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dochon M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. — DATE SIGNED 9-26-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	9-26-55	County Line Baptist Church	Halifax, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-27-55	Irene E. Daugherty	Pennington & Son,	Havre de Grace, Md.

8610

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08612

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT
LENGTH OF STAY (in this place) 20yrs. 2Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DISTRICT OF COLUMBIA — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN WASHINGTON 47X-2
STREET ADDRESS (If rural give location) Apt. 101, 3018 Porter Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) ARTHUR (Last) RANKE

4. DATE OF DEATH: (Month) (Day) (Year) September 8 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 30, 1875

9. AGE last birthday: 80 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Research

10B. KIND OF BUSINESS OR INDUSTRY: Civilian-USN

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PETER G. RANKE

14. MOTHER'S MAIDEN NAME: ANNA McDONALD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) S.A.W.

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Hospital Records, V.A.H., Perry Point, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	Pneumonia, bronchial, right, unresolved	4 to 5 days
ANTECEDENT CAUSE (B) DUE TO	Coronary sclerosis, severe	unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis, generalized, severe	unknown

420.1

19A. DATE OF OPERATION: 7-19-55

19B. MAJOR FINDINGS OF OPERATION: Excision of left submaxillary gl. mass. (Carcino)

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, , 1935, to Sept. 8, 1955, that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at 6:25 PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER

ADDRESS W. OPPLER, Chief, Professional Services M.D. VAH, Perry Point, Md.

DATE SIGNED 9-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL

DATE THEREOF 9-9-55

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 9-9-55

REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR [illegible]

ADDRESS [illegible], Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08613

8593

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) A. (Last) Reynolds.

4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 8-8-1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES REYNOLDS

14. MOTHER'S MAIDEN NAME: CHARLOTTE ALEXANDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No. 211-18-1779

17. INFORMANT & ADDRESS: Geneva Reynolds North East Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 J.J.

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease — 3 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Adynamic ileus — 2 days.

19A. DATE OF OPERATION: 9/7/55

19B. MAJOR FINDINGS OF OPERATION: Left Inguinal Hernia, Indirect

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1955, to 9/13, 1955, that I last saw the deceased alive on 9/13, 1955, and that death occurred at 6:20 P. M, from the causes and on the date stated above.

SIGNATURE John A. Fischer M. D. ADDRESS Elkton DATE SIGNED Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept 18-1955 — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) (State) North East Cecil Co Md

DATE REC'D BY LOCAL REGISTRAR Sept 16 — REGISTRAR'S SIGNATURE J R Frazer

24. FUNERAL DIRECTOR Joseph A Feaser — ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

8594

08614
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Dog Wood Road.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Clifford L. Soule.	9 30 1955	M	White	Married	12-24-1910	44 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
PAINTER	Repair Shop	New York.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Herbert Edery Soule.	Maud. Baker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes WW II	124-26-7719	Mrs. Maude Soule. Painted Post N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
916.0 Immediate cause (a)	Second & third degree burns of entire body.	
DUE TO (b)		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town)	(County)	(State)
	Home	Elkton	Cecil	Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
9 30 55 12 noon		Gas stove Exploded.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-1-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Oct 3 1955	West Caton Cemetery	Corning, N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 1	H. B. Frazer	Pippin Funeral Home By D. M. W.	Elkton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08615

8595

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 176 E Main

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) (Last) TAYLOR

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 11.3.1883. | 9. AGE last birthday 71 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Elkton Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Emanuel Major

14. MOTHER'S MAIDEN NAME: Emilie Rath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
475X IMMEDIATE CAUSE	(A) Acute Heart Failure	few minutes
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Acute pericarditis	1 week
	DUE TO (C) Upper Respiratory Infection	10 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Pleurisy Left	10 days

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.26., 1955, to 9.29, 1955, that I last saw the deceased alive on 9.29 ...., 1955., and that death occurred at 2:30 A M, from the causes and on the date stated above.

SIGNATURE Peter Manakis M. D. ADDRESS Elkton Md DATE SIGNED 9.29.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/2/1955 | NAME OF CEMETERY OR CREMATORY Elkton Cemetery | LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 29 | REGISTRAR'S SIGNATURE H R Frazer

24. FUNERAL DIRECTOR Pippin Funeral Home W. A. Pippin ADDRESS 259 E. Main St Elkton Md.

8611

08616
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (In this place) always
HOSPITAL OR INSTITUTION OR STREET ADDRESS Otsego

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) INDIA (Middle) A (Last) MITCHELL TAYLOR

4. DATE OF DEATH (Month) 9 (Day) 10 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH: 3-27-1868

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Harfordleo Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mitchell

14. MOTHER'S MAIDEN NAME: Sarah Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Geo. M. Lurtz, Rodgers Forge, Balto. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Acute Coronary Occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) OF (Day) (Year) (Hour) INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-13-1955
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. 9-12-1955
REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Leva Patterson & Son
ADDRESS Perryville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08617

8612

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT
LENGTH OF STAY (in this place) 28 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE NEW JERSEY COUNTY CAPE MAY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OCEAN CITY 67x-3
STREET ADDRESS (If rural give location) 625 Pleasure Avenue

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) B (Last) THOMAS

4. DATE OF DEATH (Month) (Day) (Year) September 24 1955

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: June 12, 1927
9. AGE last birthday 28 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Hotels
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY THOMAS , SR.
14. MOTHER'S MAIDEN NAME: EULA McCOY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X
IMMEDIATE CAUSE (A) Bronchopneumonia, bilateral, unresolved. — INTERVAL BETWEEN ONSET AND DEATH: 5 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Malnutrition DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug.29 , 1955, to Sept.24 , 1955, that I last saw the deceased and that death occurred at 6:50PM, from the causes and on the date stated above.

SIGNATURE J. F. GRASBERGER M.D., Acting, ADDRESS Chief, Professional Services, VAH., Perry Point, Md. DATE SIGNED 9-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL
DATE THEREOF 9-25-55
NAME OF CEMETERY OR CREMATORY ?
LOCATION (City, town, or county) (State) Fort Lauderdale, Florida

DATE REC'D BY LOCAL REGISTRAR Sept 25 1955
REGISTRAR'S SIGNATURE Irene E. Haugherty
24. FUNERAL DIRECTOR JOSEPH G. LOCKS FUNERAL HOME
ADDRESS 1304 N. Central Ave., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

8613

08618
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 93

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location) RD3

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) JANE (Last) THOMPSON
4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1955
5. SEX: F. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single 8. DATE OF BIRTH: 6-8-1955 9. AGE last birthday: 3 mos. IF UNDER 1 YEAR: Months 3 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cecilton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Ernain Thompson
14. MOTHER'S MAIDEN NAME: Freda Maxine Ferguson.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO: —
17. INFORMANT & ADDRESS: Wm E Thompson Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 491X Acute Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Aspiration of Mucus.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: C
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Thompson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-20-1955
NAME OF CEMETERY OR CREMATORY Leeds Methodist
LOCATION (City, town, or county) (State) Leeds, Cecil Co. Md

DATE REC'D BY LOCAL REG. Sept 19
REGISTRAR'S SIGNATURE F R Frazier
24. FUNERAL DIRECTOR ADDRESS Joseph R Grant North East Md

VS. A15A - 5 - 53

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08619

8614

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			..... hrs. ..... min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19 Sept 24 19 55 Mrs Ralph H Riley Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 19 55 at 8 39 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 51 to September 19 55 and that I last saw h. alive on September 20 19 55

Immediate cause of death: Chronic Multiple Contusion — DURATION 10 years

Due to: Fracture X — DURATION

Due to: — DURATION

Other conditions — DURATION

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Lang Davis M.D.

M. D. or other

Address Chesapeake Md. Date signed 9/27/55

8615

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08620

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 9yrs.2mo.3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Alabama COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Myrtlewood HOX-3
STREET ADDRESS (If rural give location) RFD #1

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) J. (Last) TUCKER
4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	5-30-1886	69 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10B. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 605X	(A) Cystitis gangrenous, due to proteus species	2 to 3 weeks
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis generalized, severe — unknown

19A. DATE OF OPERATION: 8-1-55
19B. MAJOR FINDINGS OF OPERATION: Exploratory laparotomy.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA ☒ attended the deceased from 7-3, 1946 to 9-6, 1955, that I last saw the deceased alive on [illegible], and that death occurred at 9:50 PM, from the causes and on the date stated above.

SIGNATURE W. Oppler
W. OPPLER, Chief, Professional Services M.D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 9-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	9-8-55	National Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-9-55	Irene E. Daugherty	Pennington & Son	Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08621

8616

CERTIFICATE OF DEATH

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rising Sun Rural
LENGTH OF STAY (in this place) 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lillian (Last) Umberger

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 13, 1871

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ceres Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Wilson

14. MOTHER'S MAIDEN NAME: Missouri Huddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wm. Umberger Rising Sun, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebro vascular accident — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterio sclerosis generalized

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to Sept 29, 1955, that I last saw the deceased alive on 9/29, 1955, and that death occurred at 5:20 (P.M.) from the causes and on the date stated above.

SIGNATURE Neil Taylor (Degree or title) M.D. ADDRESS Rising Sun, Md. DATE SIGNED 10/1/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 2 1955 NAME OF CEMETERY OR CREMATORY Brookview Cem. LOCATION (City, town, or county) Rising Sun (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 1 1955 REGISTRAR'S SIGNATURE L. M. Worthington

24. FUNERAL DIRECTOR J. E. Igoe ADDRESS Rising Sun, Md.

VS. A15